



**Employment Security Department**  
WASHINGTON STATE

**Weekly Request for Disaster Unemployment Assistance**

Applicant Name:	Disaster No.:
	WorkSource/TeleCenter Number:
Address:	Social Security Number:
	Saturday Week Ending Date

**Your benefits may be delayed or denied if you fail to answer all questions.**

**A. Applicant Information**

For the week claimed above, answer the following questions by checking the appropriate box(es). Complete the information requested in the space to the right of the questions, or provide additional information on a separate piece of paper.

1. Did you work or engage in any self-employment during the week? If Yes, enter **gross earnings**, self-employment, **net earnings**, and the number of hours worked in the week claimed.  Yes  No

Earnings	Hours

Employer/Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Were you able and available for work each day during the week claimed? If No, explain.  Yes  No

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3. Did you apply for or receive any of the following: If Yes, complete section to the right of question.
- a. Any vacation, sick, or holiday pay?  Yes  No
  - b. Unemployment compensation under any State, Federal, or Railroad law?  Yes  No
  - c. Loss of wages due to illness or disability (workers compensation)?  Yes  No
  - d. Private income protection insurance or supplemental unemployment benefits?  Yes  No
  - e. Any retirement, pension, social security, or annuity under a public or private plan or system?  Yes  No

Amount	Type/Source of Payment	Period Covered	
		From	To

## B. Work Search Information

1. Did you accept all work offered?  Yes  No

If No,  
explain:

\_\_\_\_\_

\_\_\_\_\_

2. Did you contact your last employer to determine if work was available during the week?  Yes  No

If No,  
explain:

\_\_\_\_\_

\_\_\_\_\_

3. List below all employers you contacted for work during the week claimed. Be sure to enter all information requested in each column.

Date of Contact	Business Name and Address	Name of person talked to	How contacted (in person, resume, phone)	Type of work asked for	What did employer tell you about possibility of hire	Was application taken? (Yes/No)	Was this a new contact? (Yes/No)

## C. Self-Employment Update Information

To be eligible for a week of DUA benefits, you must show that you are making every reasonable effort to resume your self-employment, *or* be seeking work. Please describe in detail what measures you are taking to either resume your self-employment or to seek other work.

## D. Application Certification

I certify that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain Disaster Unemployment Assistance. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the Act. I have been furnished a statement required under the Privacy Act of 1974 for use in the Disaster Unemployment Assistance program.

Applicant Signature:

Phone:

Date:

State Agency Representative Signature:

Phone:

Date: